

Primary Care Principles for Child Mental Health

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Partnership Access Line
Mental Health Consultation Outreach
for children

The information in this book is intended to offer helpful guidance on the diagnostic and treatment process conducted by a primary care provider, and is not a substitute for specific professional medical advice. Providers are encouraged to reproduce pages as desired from this booklet for use in their own clinical practice.

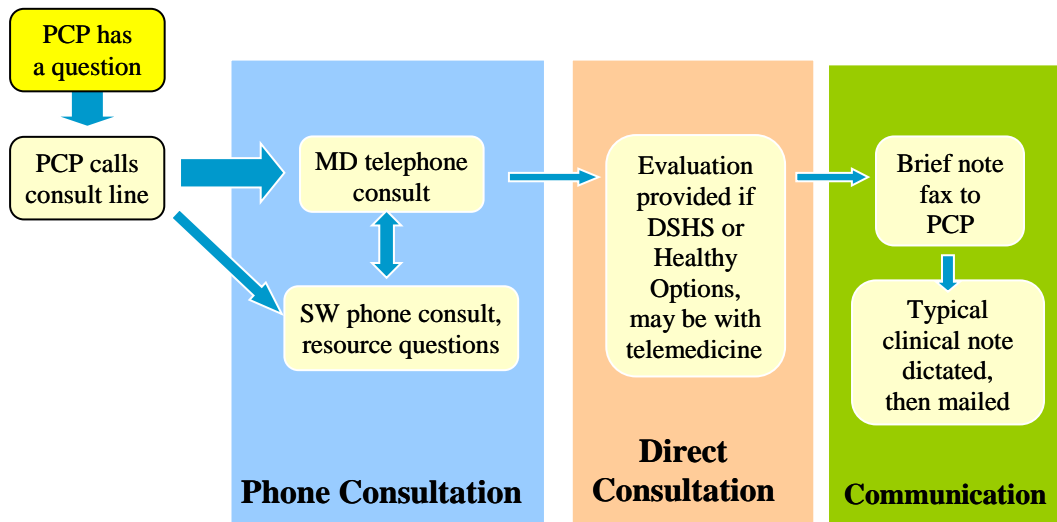
There was no pharmaceutical industry or commercial funding for preparing this booklet.



Partnership Access Line

Mental Health Consultation Outreach *for children*

- PAL is a free consultation program for primary care providers (PCPs). It is funded by the Washington State Legislature and by the Department of Social and Health Services (DSHS)
- PCPs may call the PAL toll free number (866-599-7257) during business hours (M-F, 9-5) for *any* type of child mental health advice for *any* child they see
 - A program assistant will ask for the provider's name, contact information and basic patient information
 - A child psychiatrist then will speak to the provider either immediately, or will schedule a convenient call back time (almost always on the same day)
- If the child psychiatrist and PCP determine over the phone that further consultation is needed on a DSHS or Healthy Options client, a rapid consult appointment will be offered with one of our child psychiatrists
- Primary care providers may be reimbursed for phone consultations with the PAL psychiatrist regarding DSHS clients (call us for details)



A study at the University of Washington is being conducted to investigate the effectiveness of the PAL program. You may be contacted by the research team. Your participation in the research is voluntary. You do **NOT** need to participate in the research to participate in the PAL clinical program.

Table of Contents

Care Guide Methods	page 4
How to use this Care Guide	page 6
DSHS guide to services	page 7
DSHS Medication Review Program	page 15
Mental health assessment principles	page 18
Special issues with foster care children	page 22
PSC-17 general mental health screen	page 23
Evidenced based treatment overview	page 25
ADHD care guide	page 27
Anxiety care guide	page 37
Autism care guide	page 45
Bipolar care guide	page 51
Depression care guide	page 57
Eating disorder care guide	page 66
Oppositional/Conduct disorder care guide	page 71
Sleep Hygiene tip sheet	page 78

Peer Review

This guide is based on current evidence in the literature about mental health treatments in children. It is a digestion of current knowledge into focused points practical for the primary care physician. Future editions may cover additional topics in child health.

Although Dr. Hilt is the primary author, this guide has utilized peer review from a variety of mental health experts and the helpful input and guidance from state agencies.

General peer review has included:

Child and Adolescent Outpatient Psychiatry Clinic, Seattle Children's Hospital
U. of Washington Division of Public Health and Justice Policy
Eric Trupin, PhD, Professor of Psychiatry & Behavioral Sciences, U. of Washington
Bryan King, MD, Professor of Psychiatry & Behavioral Sciences, U. of Washington
Matt Speltz, PhD, Professor of Psychiatry & Behavioral Sciences, U. of Washington
John Dunne, MD, Child and Adolescent Psychiatrist

Section specific peer review has included:

ADHD:

Chris Varley, MD, Professor of Psychiatry & Behavioral Sciences, U. of Washington
Nicole Nguyen, PharmD., DSHS
Siri Childs, PharmD., Pharmacy Administrator, DSHS

Anxiety:

Teresa Piacentini, PhD, Clinical Psychologist, Seattle Children's Hospital
Nicole Nguyen, PharmD., DSHS
Soraya Kanakis, PharmD., DSHS

Autism:

Bryan King, MD, Professor of Psych. & Beh. Sciences, U. of Washington

Bipolar:

Jack McClellan, MD, Associate Professor of Psych. & Beh. Sciences, U. of Washington
Kathleen Myers, MD, Associate Professor of Psych. & Beh. Sciences, U. of Washington
Nicole Nguyen, PharmD., DSHS
Soraya Kanakis, PharmD., DSHS

Depression:

Elizabeth McCauley, PhD, Professor of Psych. & Beh. Sciences, U. of Washington
Soraya Kanakis, PharmD., DSHS

Eating Disorder:

Rose Calderon, PhD, Associate Professor of Psych. & Beh. Sciences, U. of Washington
Cora Breuner, MD, Associate Professor of Pediatrics, U. of Washington

Oppositional/Conduct:

Terry Lee, MD, Acting Assistant Professor, U of Washington

Endorsed by Washington State Agencies including:

Department of Social and Health Services
Children's Administration
DSHS Regional Area Medical Directors
Washington State Chapter of the American Academy of Child and Adolescent Psychiatry

Methods

Dr. Hilt is the primary author of this guide, and peer reviewers have been utilized to verify the validity of the information, and help guide the content of the final product. Patient handout information chosen for inclusion in the guide was selected based on the clinical experiences of Dr. Hilt and the section reviewers.

The process of formulating the care recommendations in the original Care Guide document started with a review of the most recent applicable practice guidelines from the American Academy of Child and Adolescent Psychiatry, and reviewing the applicable sections of *Bright Futures in Practice: Mental Health* practice guide from HRSA (which has received widespread endorsements including from the American Academy of Pediatrics). Regarding medications, Ovid Medline searches were performed between December 2007 and March 2008 looking back at least 10 years with limits set to include only child studies. These Medline searches were supplemented by reviewing recent conference presentations of drug treatment studies, and reviewing bibliographies of the published studies that were found. Bibliographies of review textbooks were also searched, including in particular the bibliography of a recent textbook, *Pediatric Psychopharmacology Fast Facts* by DF Connor and BM Meltzer (2006).

For this current version 2.0 update, additional Medline topic searches for papers published between March 2008 and November 2009 were performed to be certain the medication advice remained up to date. An additional section on Autism care was added, for which Dr. Alison Golombek was a co-author.

Psychosocial treatment guidance was formulated in consultation with the named section reviewers, and with members of the steering committee. Expert consultations and review of online CAMHD Hawaii Department of Health information (included herein) and review of a WA DSHS report from the Children's Evidence Based Practices Expert Panel, dated December 15, 2006 yielded evidence based psychosocial treatment recommendations.

All recommendations in this guide were reviewed and modified by a panel of state experts in each of the applicable fields to reflect current and regionally endorsed, state-of-the-art care.

How this Care Guide can help you:

As with all diagnostic processes, one has to think of the possibility of a mental health disorder before it is possible to diagnose it.

- Ask for the history of the child's problem
- Ask about acute and chronic stressors relating to their problem
- Then ask yourself if there is a mental health diagnosis to consider
- Ask whether appropriate social, behavioral and family support is present

Certain clusters of symptoms bring up the possibility of particular diagnoses. For instance consider:

ADHD if: inattentive or hyperactive with school difficulty

Anxiety disorder if: unexplained somatic complaints, general or specific worries

Autism if: developmental concern with the most severe impairment in social functioning

Bipolar disorder if: episodic mood changes with manic features

Depression if: withdrawn, irritable, unexplained somatic complaints

Eating disorder if: losing weight or odd eating habits

Conduct or Oppositional Defiant Disorder (ODD) if: oppositional or aggressive behavior

A primary care provider considering a particular mental health diagnosis can consult the corresponding section of this guide easily to find information and tools that they may need.

Contained inside:

- Tips on the general approach to mental health issues in primary care practices
- Recommended thought process for the evaluation and treatment of the above 7 common childhood disorders.
- Free- to- reproduce rating scales for assistance with diagnosis and follow up
- Organized, current evidence based medication information
- Community resource guide for DSHS clients for social, behavioral and family support
- Free- to- reproduce patient handouts
- Reference information that will be consistent with advice given out by PAL program psychiatrists